SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58 Washburn, WI 54891 (715) 373-6138

> APPLICATION FOR PERMIT
> BAYFIELD COUNTY WISCONSIN H married

JUN 27 2016 Permit #: Date: Amount Paid:

CASK 6/27/ 2016

7:1:16

\$100.00

0,775,00

16-0199

Bayfield Co. Zoning Dept.

Refund:

ed until all fees

TATS TOUS OF	Checks are ma	### MUN (1904)
- NOITO I GTON OF	ide payable to: Bayi	TO RUCHUMA.
NO MOT START CONSTRUCTION HARTH ALL REGALITS HAVE REEN ISSUED TO APPLICA	Checks are made payable to: Bayfield County Zoning Department.	
AVE BEEN ISSUED	Department.	

X-Shoreland —		Section 🙏	1/4,	PROJECT LOCATION	Authorized Agent: (Pers	Contractor:	Address of Property:	Owner's Name: WAGER	TYPE OF PERMIT REQUESTED—>	DO NOT START CONSTRUCT
☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? f yescontinue>	Section $\overline{\mathcal{S}}$, Township $\overline{\mathcal{S}}$ N, Range $\overline{\mathcal{C}}$ W	1/4 Gov't Lot Lot(s)	(Use Tax Stateme	Authorized Agent: (Person Signing Application on behalf of Owner(s)) LAURA ZORN		211 45 SISKINAT SHORE	MAGER	≀UESTED—► □ LAND USE □ SANITARY	DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
ke, Pond or Flowage	er, Stream (incl. Intermittent)	, wo	CSM	04-0107-50	Agent Phone: 1	Contractor Phone: F	Thy/State/Zip:	Mailing Address: WHOSE N.W.	□ PRIVY	APPLICANT.
Distance Structure is from Shoreline:	Distance Structure is from Shoreline:	773E	748	91,0	Agent Phone: Agent Mailing Address (include City/State/Zip):	Plumber:	CORNUCOPIA WI 5/82	Nailing Address: City/State/Zip: COURANT ANGLESIDE,	☐ CONDITIONAL USE ☐ SPE	
	4	1960			State/Zip):	The state of the s	54827	1)38/1C	☐ SPECIAL USE ,☐ B.O.A.	
□ Yes □ Yes □ No	Is Property in Are Wetlands Floodplain Zone? Present?	Acceased	KOWIT SHORES	b36 Page(s) 457	Written Authorization Attached Pes No	Plumber Phone:	Cell Phone:	Telephone:	.A. □ OTHER	

Value at Time of Completion of Completion of Completion of Completion of Completion of Completion of Sewer/Sanitary System (analyzia) # of Stories of Analyzia (analyzia) # of Stories of Sewer/Sanitary System (analyzia) What Type of Sewer/Sanitary System (bedrooms Is on the property? Water Sewer/Sanitary System (analyzia) Well City \$\text		Width:		1		Trains.	Proposed Constructions
# of Stories and/or basement # of Sewer/Sanitary System New Construction				Length:	r is relevant to it)	e: (if permit being applied fo	Existing Structur
# of Stories and/or basement # of Sewer/Sanitary System New Construction							
# What Type of Sewer/Sanitary System Mand/or basement # of Stories # of Sewer/Sanitary System		None			文 CAVAレ	- Constitution	
# of Stories and/or basement # of Stories bedrooms # Sewer/Sanitary System New Construction X-1-Story Seasonal 1 Municipal/City Seasonal 2 (New) Sanitary Specify Type: 1 Relocate [existing bidg] Basement No Basement		Compost Toilet	*		☐ Foundation	Property	
Project # of Stories and/or basement # Sewer/Sanitary System New Construction		□ Portable (w/service contract)	X-None		□ No Basement	☐ Run a Business on	
Project # of Stories and/or basement # Sewer/Sanitary System bedrooms # Sewer/Sanitary System		☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)			☐ Basement	☐ Relocate (existing bldg)	0
Project # of Stories and/or basement Use of bedrooms # Sewer/Sanitary System	П	X Sanitary (Exists) Specify Type: 51	ω		☐ 2-Story	☐ Conversion	1200 /
Project # of Stories use of Sewer/Sanitary System bedrooms Is on the property? New Construction 5. 1-Story Seasonal 1 Municipal/City	XX	☐ (New) Sanitary Specify Type:		X Year Round	☐ 1-Story + Loft	☐ Addition/Alteration	ኁ
Project # of Stories Use of Sewer/Sanitary System bedrooms Is on the property?	Cit	☐ Municipal/City	L	Seasonal	为 1-Story	メ New Construction	
	Wai	What Type of Sewer/Sanitary System Is on the property?	# of bedrooms	Use	# of Stories and/or basement	Project	Value at Time of Completion * include donated time & material

If yes-

-continue

Distance Structure is from Shoreline : feet

Proposed Use	•	Proposed Structure	Dimensions	Square Footage
		Principal Structure (first structure on property)	x)	
		Residence (i.e. cabin, hunting shack, etc.)	×	
•		with Loft	×	The control of the co
X Residential Use		with a Porch	x)	
		with (2 nd) Porch	×	
		with a Deck	×	
		with (2 nd) Deck	x)	
☐ Commercial Use		with Attached Garage	(x)	
		Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)	(X)	
		Mobile Home (manufactured date)	×	
]		Addition/Alteration (specify)	(×	
Municipal Use	Ø	Accessory Building (specify) S州ミル	(08 × 20)	240 SOFT

FAILURE TO OBTAIN A PERMIT of STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Special Use: (explain) ______
Conditional Use: (explain)

 \times \times

×

Accessory Building Addition/Alteration (specify)

Other: (explain)

	Authorized Agent:	(If there are Multiple
Ilf voluare signing on hehall	1 MAROL	(If there are Multiple Owner listed on the Deed All
If of the owner(s) a letter o	102-	All Owners must sign or let
f authorization must accom		All Owners must sign or letter(s) of authorization must accom
pany this application)	A PARTY DE LA CALLANTA DE LA CALLANT	accompany this application)

Address to send permit

 \bar{n}

HISOCH

1612

6012

Date

Attach

Copy of Tax Statement

you recently purchased the property send your Recorded Deed

Prior to the plac one previously s Hold For Sanitary: Issuance Information (County Use Only) Setback to Privy (Portable, Composting)

Prior to the placement or construction of a structure within ten (10) feet of the minimum requester previously surveyed corner or marked by a licensed surveyor at the owner's expense. Setback to Septic Tank or Holding Tank
Setback to Drain Field Setback from the West Lot Lin Setback from the East Lot Line Signature of Inspector: Condition(s):Town, Committee of Date of Inspection: InspectionRecord: 💪 🧳 Granted by Variance (B.O.A.) Permit Denied (Date): Setback from the North Lot Line Setback from the South Lot Line Setback from the Centerline of Platted Roan Setback from the Established Right-of-Way Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Ś Was Parcel Legally Created ☐ Yes ☐ No Was Proposed Building Site Delineated ☐ Yes ☐ No Please complete (1) - (7) above (prior to continuing) 6-0199 (1) (2) (3) (4) (5) (6) (7) rent or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from defended corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be a surveyor at the owner's expense. Show Location of: Show / Indicate: Show Location of (*): Show any (*): Show any (*): Show: 84 8 Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W) Setbacks: (measured to the closest point) NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code Town, Village, City, State or Federal agencies may also require permits. Description The oblighed or Sketch your Property (regardless of what you are applying for) Line + poperty. Live stocked Case #: ☐ Yes (Deed of Record) ☐ Yes (Fused/Contiguous ☐ Yes Hold For ard Conditions Attached? \ \ \ \ (Fused/Contiguous Lot(s)) TBA: Z Proposed Construction

North (N) on Plot Plan

(*) Driveway and (*) Frontage Road (Name Frontage Road)

All Existing Structures on your Property

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(*) Wetlands; or (*) Slopes over 20% Inspected by: 3 127 100 223 Sanitary Number: Reason for Denial: Measurement □ Yes □ No Hold For Affidavit: 8 8 8 Feet Feet Feet Feet Feet Feet Feet -(If No they need to be attached.) T ol. Mitigation Required Mitigation Attached Previously Granted by Variance (B.O.A.) Setback from Wetland
20% Slope Area on property
Elevation of Floodplain A STANCE OF THE Were Property Lines Represented by Owner Yes
Was Property Surveyed Yes dary line from which the setback must be meas Setback from the Bank or Bluff Setback from the Lake (ordinary Setback from the River, Stream, Setback to Well Changes in plans must be approved by the Planning & Zoning Dept. 70000 -er/as Hold For Fees: # of bedrooms: ା Yes ∵Yes Description ではないかった十つです must be visible from water mark) Affidavit Required Affidavit Attached Lakes Classification (Zoning District Sanitary Date: Date of Re-Inspection: Date of Approval: ☐ Yes 252 Measurement sly surveyed corner to the □ Yes Š. - S S □ No Feet □ No Feet Feet Fee Feet

